|  |  | gs for a week for an employee who wo   |  |
|--|--|--|--|
|  |  | SSN:   |  |
| Payroll or Calendar W  | eek: Beginning Date  | Ending Date  |  |
| 1. Gross Earnings<br>\$  | Total Hours Worked   | 4. Employee's Usual Schedule:  ☐Full Time ☐Part Time   | Normal No. of Hours Worked per Week →                                      |
| 2. Holiday Vacation Bonus \$   |  | 5. Reason worked part time this week:  Lack of Work or Other reasons: (please explain)   |  |
| 3. Tips Reported by Employee \$  |  |  | • •  |
| Employer's Name:   |  | Telephone No   |  |
| Signature of Employer's Representative   |  | Title  | Date   |
| <b>INSTRUCTIONS TO CLAIMANT:</b> Claimants are required to provide <b>written</b> verification of all weekly earnings. Verification of earnings can be provided in any of the following ways: 1) completion of this form, 2) a paycheck stub, 3) a statement from your employer or 4) other written proof that has been agreed upon by the Bureau of Unemployment Compensation. If you choose to use this form, have your employer complete it for <b>each</b> unemployment claim week for which you must provide verification of earnings. After the employer completes and returns it to you, <b>mail</b> it to the same address to which you normally mail your weekly unemployment claim forms or <b>fax</b> is to the nearest UI Call Center: Lewiston – (207) 753-2851; Orono – (207) 561-4665; Presque Isle – (207) 764-2142. |  |  |  |
| his/her earnings on a weekly bas<br>unemployment claim process.  | sis, based on either the empl<br>If your payroll is computed | form and return it to the employee. Eloyer's payroll week or a Sunday to S d on <b>any basis other than weekly</b> (of a bi-weekly payroll period) proof is          | aturday calendar week, as part of the bi-weekly, monthly, etc.), ask you   |
|  |  |  |  |
| Maine Department of Labor – Bureau of Unemployment Compensation VERIFICATION OF EARNINGS   |  |  |  |
| EMPLOYER: Use  | this form to verify earning                                  | s for a week for an employee who wo  | orked less than full time.   |
| Employee's Name:   |  | SSN:   |  |
|  |  | Ending Date  |  |
| 1. Gross Earnings<br>\$  | Total Hours Worked   | 4. Employee's Usual Schedule:  ☐Full Time ☐Part Time   | Normal No. of Hours Worked per Week →                                      |
| 2. Holiday Vacation Bonus \$   |  | 5. Reason worked part time this week:  Lack of Work or Other reasons: (please explain)   |  |
| 3. Tips Reported by Employee \$  |  | Lack of Work of Other re   | easons. (piease expiam)  |
| Employer's Name:   |  | Telephone No   |  |
| Signature of Employer's Representative   |  | Title  | Date   |
| earnings can be provided in any of or 4) other written proof that has  | of the following ways: 1) conbeen agreed upon by the Bu      | red to provide <b>written</b> verification of mpletion of this form, 2) a paycheck stureau of Unemployment Compensation tek for which you must provide verification. | ub, 3) a statement from your employed. If you choose to use this form, hav |

Maine Department of Labor – Bureau of Unemployment Compensation

**INSTRUCTIONS TO EMPLOYER:** Please complete this form and return it to the employee. Employee must provide verification of his/her earnings on a weekly basis, based on either the employer's payroll week or a Sunday to Saturday calendar week, as part of the unemployment claim process. If your payroll is computed on **any basis other than weekly (bi-weekly, monthly, etc.)**, ask your employee for which week (for example, first or second half of a bi-weekly payroll period) proof is needed, then complete this form for that week.

completes and returns it to you, mail it to the same address to which you normally mail your weekly unemployment claim forms or fax it

to the nearest UI Call Center: Lewiston – (207) 753-2851; Orono – (207) 561-4665; Presque Isle – (207) 764-2142.

VERIFICATION OF EARNINGS